


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90006 027 \*\*\*158.75

**DOCUMENT # P06000150105**

1. Entity Name  
**A.A. DONNARAE REALTY & ASSOC., INC.**



Principal Place of Business      Mailing Address

**1011 4TH STREET**      **1011 4TH STREET**  
**PANAMA CITY, FL 32409 US**      **PANAMA CITY, FL 32409 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**1011 4th St**      **1011 4th St**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.


City & State      City & State

**PANAMA CITY / FLORIDA**      **PANAMA CITY / FLORIDA**

Zip      Country      Zip      Country

**32409**      **FL**      **32409**      **FL**

02162007      Chg-P      CR2E034 (12/06)



4. FEI Number      Applied For

**90-0293781**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CARROTHERS, DONNA RAE**  
**1011 4TH STREET**  
**PANAMA CITY, FL 32409**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P/T	<input type="checkbox"/> Delete
NAME	<b>CARROTHERS, DONNA RAE</b>	
STREET ADDRESS	<b>1011 4TH STREET</b>	
CITY-ST-ZIP	<b>PANAMA CITY, FL 32409</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>CARROTHERS, DONNA RAE</b>	
STREET ADDRESS	<b>1011 4TH STREET</b>	
CITY-ST-ZIP	<b>PANAMA CITY, FL 32409</b>	
TITLE	VP/D	<input checked="" type="checkbox"/> Delete
NAME	<b>CARROTHERS, V</b>	
STREET ADDRESS	<b>1011 4TH STREET</b>	
CITY-ST-ZIP	<b>PANAMA CITY, FL 32409</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARROTHERS, L, JR.</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donna Rae Carrothers*      *2-19-07*